

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 FEB 21 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 26 2013

T. ROBERTO

REINSTATEMENT 06-13

CR2E081 (11/10)

DOCUMENT # **P9900010899Z**

1. Corporation Name

Shine Enterprises, Inc.

2. Principal Office Address - No P.O. Box #

260 North Shore Dr

Suite, Apt. #, etc.

City & State

Miami Beach FL

Zip

33141

County

DADE

3. Mailing Office Address

260 North Shore Dr

Suite, Apt. #, etc.

City & State

Miami Beach FL

Zip

33141

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0968670

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

300244940873
02/21/13--01014--025 **1800.00

7. Name and Address of Current Registered Agent

Name

Carlos E Lopez

Street Address (P.O. Box Number is Not Acceptable)

260 North Shore Dr

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33141

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Carlos E Lopez

REGISTERED AGENT MUST SIGN

Date **2/12/2013**

CEL

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Prs	Carlos E Lopez	260 North Shore	Miami Beach 33141

10. E-mail Address: **SHINEATUS@hotmail.com**

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Carlos E Lopez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/2013

Date

Daytime Phone #